

City of San Bruno Finance Dept. – Business Tax 567 El Camino Real San Bruno, CA 94066

Tel: (650) 616-7083 Fax: (650) 876-0256

www.sanbruno.ca.gov

Account Number: ______ Date Submitted: ______

BUSINESS REGISTRATION APPLICATION FOR OUT-OF-TOWN BUSINESSES Fiscal Year: July 1 through June 30

Business Owner's Information			()
Name			Home Phone
Home Address	City/State	Zip	Fax or Email Address
Social Security Number			Drivers License Number - State
Business Information			
Name of Business (DBA)			Business Start Date in San Bruno
Business Address (Street Name and Suite/Unit #)			Business Phone
Description of Business (what type of business will	be conducted)		
Type of Ownership: Sole Proprietor	□ Partne	rship 🗆	Corporation
Federal Tax I.D. #		Sellers	s Permit (Sales Tax) #
Contractor's License #			
Corporate Information (if applicable)			
Corporate Name			
Street Name		Suite/Unit #	 (<u> </u>
			<u> </u>
City State		Zip	Website
To which address should the following be	e sent:		
Copy of Business License	Home	Busines	ss Corporation
Annual Business Tax Renewal	Home	☐ Busines	s Corporation
Emergency Local Contact			()
Name Title			 Telephone
Business Tax Calculation			
Fiscal Year Ending June 30 th			\$ 25.00
	В		\$ 75.00
		Total	\$ 100.00
Certification I,	, as an at the information	authorized repon provided he	oresentative oferein is true and correct to the best of m
knowledge.			
Signature			Date